



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/808,052-Conf. #4208
		Filing Date	March 24, 2004
		First Named Inventor	Richard S. Blumberg
		Examiner Name	A. D. Kosar
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1654
TOTAL AMOUNT OF PAYMENT		(\$)	620.00
		Attorney Docket No.	B0801.70353US01

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity		Small Entity		Small Entity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description	Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (including Reissues)	50	25				
Each independent claim over 3 (including Reissues)	200	100				
Multiple dependent claims	360	180				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =		x	=	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=			
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =		/50 =	(round up to a whole number) x	=		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)		
Other (e.g., late filing surcharge): 2252 Extension for response within second month				225.00		
2801 Request for continued examination (RCE) (see 37 ...)				395.00		

SUBMITTED BY			
Signature	<u>Edward R. Gates</u>	Registration No. (Attorney/Agent)	31,616
Name (Print/Type)	Edward R. Gates	Telephone	(617) 646-8000
		Date	June 18, 2007

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: <u>6/18/07</u>	Signature: <u>Edward R. Gates</u> (Edward R. Gates)